## 2000 UNIFORM BUSINESS REPORT (UBR)

in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

## May 15, 2000 8:00 am Secretary of State DOCUMENT # (25412-7 1. Entity Name 05-15-2000 91406 038 \*\*\*150.00 DAVID E. MORGAN ENERGY, INC. Principal Place of Business Mailing Address 1 REGENCY PLAZA 1 REGENCY PLAZA SUITE 106-R SUITE 106-R 657516 PROVIDENCE, RI 02903 PROVIDENCE, RI 02903 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2341363 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MORGAN, NICHOLAS WINTHROP HOUSE #318 100 WORTH AVENUE Zin Code PALM BEACH FL 33480 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE TITLE Change MORGAN, NICHOLAS NAME NAME 1415 MCGEE AVENUE STREET ADDRESS STREET ADDRESS CITY - ST - ZIP BERKELEY, CA CITY - ST - ZIP TITLE Delete TITLE Addition LINDSAY, FERN NAME STREET ADDRESS 37 SKYRIDGE ROAD STREET ADDRESS CITY - ST - ZIP GREENWICH, CT CITY - ST - ZIP TITLE Delete TITLE Addition SOLOMSON, LESLIE 1016 FIFTH AVENUE STREET ADDRESS STREET ADDRESS CITY - ST - ZIP NEW YORK, NY CITY - ST - ZIP TITLE Delete TITLE Addition BRAVER, MARTIN D. NAME STREET ADDRESS 1330 BOYLSTON STREET STREET ADDRESS CITY - ST - 7IP CHESTNUT HILL, MA CITY - ST - ZIP TITLE Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP TITLE TITLE Change Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears

FILED

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SIGNATURE: